| Carrbridge bursary application form |
| --- |
| Applicant Information |
| Name:  |
| If under 16 at time of application, please state name of parent or guardianName:  |
| Address:  |
| Post code:  | Email:  | Tel:  |
| Outline |
| Please give an outline of the personal development course/activity that you wish to undertake and explain why it is so important to you: (300 words max) |
| Is the training provider recognised and registered as a professional and qualified provider in their field: Yes / No The Awards Panel may ask for proof of appropriate certification. |

|  |
| --- |
| Cost of Project |
| Please outline the costs associated with your project |
| Item of expenditure | Supplier | Price |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Costs |  |
| **FUNDING OF PROJECT** |
| Please confirm the other funding you have applied for  |
| Name/Source of Funding | State if other funding is secured, pending, not yet applied for and when you expect to have the other funds in place | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total other funding |  |
| Amount applied for from Carrbridge Bursary (must not exceed 75% of total costs) |  |
| Total Funding |  |
| Please explain where any shortfall, if any will come from and what you are doing to raise the money |
| Signatures |
| I have provided the information in good faith and as accurately as possible. I understand that the Awards Panel may ask for further information and that any decision reached by them in respect of this application will be final. |
| Signature of applicant:  | Date: |
| Print Name: |
| Signature of Parent/Guardian (if applicant is under 16 years at date of application) | Date: |
| Print Name  |

**This form should be emailed to carrbridgebursary@gmail.com**